Dear Honorable Governor Lombardo,

As chairperson of the Nevada Commission on Autism Spectrum Disorders (CASD), I am honored to update you on the activities of the Commission and offer the following recommendations of the Commission and as required by NRS 427A.8801.

APPRECIATION FOR PASSING AUTISM RELATED LEGISLATION

During the 83rd legislative session CASD wrote letters and testified at hearings to inform legislators of the possible impact of legislation on people with autism spectrum disorders (ASD) and their families. The CASD recognizes that this was a difficult session. Yet, with the passing of several ASD related bills, we are hopeful for a community that identifies ASD early in a child's life, provides life changing treatment, and supports adults with ASD.

CASD applauds your signing of SB380. Indeed peace officers ought to be trained to recognize if someone has a developmental disability (including ASD) and to interact with people with developmental disabilities (including ASD). When SROs are interacting with students or peace officers are responding to a call, they will be better equipped to de-escalate individuals with ASD. The second half of this bill requires an evaluation of the Registered Behavior Technician (RBT) state certification process. The CASD supports identifying barriers to certification and their subsequent removal, so that our ASD treatment workforce will grow.

CASD recognizes that the DAAY Court has been effective in helping youth offenders with ASD access treatment. CASD appreciates your expansion of this opportunity to children with neurobehavioral disorders related to prenatal exposure to alcohol or illicit drugs.

Thank you for your support of SB257. This bill is essential for children suspected of having ASD to be able to access a diagnostic evaluation in a timely manner. CASD looks forward to a reduction in the backlog of children waiting for a diagnostic evaluation. Furthermore, requiring insurance companies to accept a diagnosis from a healthcare provider, who is working within the scope of their practice, alleviates barriers to treatment and improves lifelong outcomes.

The CASD greatly appreciates the supplemental appropriations to Regional Centers provided through AB586. Regional Center services are paramount to people with significant disabilities having the supports they require to live in their community. Thank you for signing this lifesaving legislation.

ACTIVITIES OF THE COMMISSION

In February 2025, administrative support for the CASD meetings transitioned from ADSD to Office of Community Living. Unfortunately the transition has been aggravated by lost minutes, misplaced by-laws and no availability to our previous list-serve. We continue to work through these issues with the help of the Office of Community Living, but nonetheless our work has been slowed due to addressing these issues.

In April 2025, Diana Collins, Deputy Attorney General, presented Open Meeting Law (OML) requirements to the CASD. The OML presentation informed commissioners of their legal responsibilities, as we are now writing our own agendas and communicating with each other outside of the CASD meetings.

In April 2025, Amy Coyne and McKensie Keever, Director, Clark County School District (CCSD) Least Restrictive Environment Intensive Intervention Team (LIIT) presented on Applied Behavior Analysis (ABA) services within CCSD and on the CCSD Family Connection Center. LIIT leads by making data-based decisions and supporting teachers including class design, behavior management, reinforcement and curriculum. With numerous teaching positions being held by long term substitutes and learners seeking alternative routes to licensure (ARL), LIIT supports improve education for individuals with ASD and their classmates. The Family Connection Center guides families to community based services further helping children with ASD maximize their outcomes. The impact of a child receiving care on their family and their community cannot be overstated. Healthy schools and communities are dependent upon children with ASD accessing treatment and supports. The LIIT and Family Connection Center provide this opportunity.

FIVE YEAR PLAN SURVEY

We continue to gather and review data for the development of the CASD Five-Year Plan.

CASD SUBCOMMITTEES

The Workforce Development Subcommitte is actively meeting and is ready to distribute their survey. ATAP and ADSD have agreed to help distribute the survey to ATAP and Regaional Center providers in Nevada. We greatly appreciate their assistance. We are working with the Language Access Coordinator to translate the survey into Spanish.

The Funding and Insurance Subcommittee has been sunsetted. The Chair will assign a new Funding and Insurance Subcommittee chair as needed.

The Resource Subcommittee will begin meeting in July and will provide guidance and supports for the development of the CASD Five Year Strategic Plan.

NEEDS OF PERSONS WITH AUTISM SPECTRUM DISORDERS AND THEIR FAMILIES

REGIONAL CENTER SERVICES

William Hammargren, Health Program Manager III Rural Regional Center, presented to the Funding and Insurance Subcommittee in May 2025. Regional Centers provide case management and funding for individuals who have a developmental disability and need supports to live outside of an institution. In satisfying the ADSD Olmstead Plan the Regional Centers provide person centered services, promote workforce development, and ensure quality care. Mr. Hammargren stated that the legislature approved flat caseload growth. Furthermore, he stated that there is already a waitlist for Regional Center services.

The commissioners are concerned about parents aging out or wanting to work and not being able to take care of their adult children with ASD. The children that are entering the adult services now were likely born in 2007. This is the same year as the Autism Task Force published their first report. In Nevada, some insurance companies began funding autism treatment in 2011. It wasn't until 2015 (when these children were 8 years old) that Medicaid funded autism treatment. Despite legislators understanding and action, the general public was not necessarily aware of an evidence based treatment for autism. In 2015 the Board Certified Behavior Analyst (BCBA) workforce pool was staggeringly small. Certainly few families of eight year olds would have been guided to treatment by their physicians, school, or other family members. Even if a family wanted to place their child in treatment, there were few providers statewide. Sadly, numerous children went without evidence based treatment during their crucial years of 2-6 years old. These children are now entering adult services and they likely have extensive needs and cannot be taken care of solely by their parents. The CASD pleads that Regional Centers continue to be afforded the opportunity to implement the ADSD Olmstead Plan.

AUTISM TREATMENT ASSISTANCE PROGRAM (ATAP)

ATAP continues to demonstrate flexibility and engagement in pursuit of their mission. The number of new applicants is the highest that has ever been reported to CASD.

Certainly this increase in applicants is a product of the No Wrong Door program through Welfare. Although these children have yet to be assessed, this is an exciting opportunity to identify children and start their treatment early. These children will need providers. Samantha Jayme expressed concern about stagnant BCBA and RBT workforce growth. ATAP is contacting border state providers to help grow Nevada's BCBA workforce.

Ages of Children Served by ATAP Compared to June 2024

Age Cohorts of ATAP Clients	Number of Children	Change since June 2024
0-5	365	+20
6-10	482	+38
11-15	206	+4
16-20	85	+10
Total	1138	+72

Data Taken from ATAP CASD Report April 2025

Current ATAP Waitlist and Comparison to May 2024

Monthly Caseload	Number of Children as of April 2025	Change since May 2024
New Applicants	271	+182
0-5 y/o on Waitlist	42	+13
6-10 y/o on Waitlist	16	+14
11-15 y/o on Waitlist	13	+7
16-20 y/o on Waitlist	4	+4

Data Taken from ATAP CASD Report April 2025

	Days	Change since May 2024
Waiting Time from Referral to Eligible	46	-1
Waiting Time from Eligible to Active	43	+0

Data Taken from ATAP CASD Report April 2025

NEVADA EARLY INTERVENTION SERVICES (NEIS)

NEIS showed a 16.8% decrease in the number of children served with an Autism diagnosis compared to fiscal year 2023. Yet, nationally and in our schools the number of children with autism continues to increase. Also, the diagnostic time is lengthy. 516 children failed initial screeners at 18 months, yet the average age of diagnosis is 29 months. CASD is concerned that children are waiting 11 months for a diagnosis. CASD supports an early diagnosis, which leads to better outcomes. Lastly, upon receiving a diagnosis there is a wait time for a provider, so a child diagnosed at 30 months is not receiving the full benefit of ABA treatment at 30 months.

FY24	Children with Autism	Total Children Served	Percentage of Children with Autism	Children Diagnosed With Autism	Age at Time of Autism Diagnosis	Children Referred to ATAP
South Region	363	4964	7	397	26	321
North Region	131	1653	8	149	31	106
Rural Region	51	700	7	39	31	26
Total	545	7317	7	585	29	453

^{*}Data provided by NEIS for Fiscal Year 2024 at the May 2025 CASD meeting

NEVADA DEPARTMENT OF EDUCATION (NDE)

According to the NDE website the NDE portal will be updated with new accountability data in September 2025. There is no new information available.

ACTIVE APPLIED BEHAVIOR ANALYSIS PROVIDERS IN NEVADA

Nevada's workforce to treat children and adults with autism is growing. The reimbursement rates, Medicaid guidance to providers and supports from ATAP are helping build our workforce. CASD supports the building of Nevada's BCBA workforce to treat people with autism.

Credential	June 2024	Change Since December 2023
Licensed Behavior Analysts - D	49	+3
Licensed Behavior Analysts	579	+87
Licensed assistant Behavior Analysts	36	-3
Registered Behavior Technicians	2399	+431

^{*} June 2025 Data from bacb.com

OUTCOMES FOR INDIVIDUALS RECEIVING SERVICES AND THEIR FAMILIES

NEIS reported a reduction in developmental delay in children they served during fiscal year 24 from 48% to 45% delay. According to NEIS this reduction in delay suggests progress.

The ATAP, Regional Centers and Nevada Department of Education do not report disability related outcomes at this time.

It is with sincere gratitude that the Commissioners thank you for the opportunity to serve.

Respectfully,